

United States Department of Agriculture



Natural Resources Conservation Service
<<enter address>>
<<enter City, State, Zip>>
<<enter telephone, fax>>

Attachment E

<<insert date>>

NOTE: REMEMEMBER TO SEND THIS LETTER VIA CERTIFIED MAIL: RETURN RECEIPT REQUESTED

<<Participant Name>>
<<Street Address>>
<<City, State, Zip>>

RE: Contract Cancellation by Mutual Agreement as of September 30, 2006: Wildlife Habitat Incentives Program (WHIP), Contract Number: <<enter CN>>

Dear << Participant Name>>:

As per your request of <<enter date>>, NRCS is canceling your 2001 WHIP Contract Number: <<enter CN>> effective with this notice.

As previously provided NRCS <<select one: (is or is not)>> requesting a repayment of the cost-share reimbursements provided you for this contract due to your breach of the contract terms and conditions in accordance with the program regulation at 7 CFR 636.11. Further in accordance with the terms and conditions of the contract in the Special Provisions to Form NRCS-LTP-2 to the contract Section 9.

If you feel that this recovery of payments should be reduced due to either a demonstrated economic or personal hardship, you must submit a written request to this office for consideration of any reduction. Any claim of economic or personal hardship must be made in writing, and supported by sufficient evidence of the condition that prevented your timely application and completion of this contract.

Repayment of the previously paid financial assistance (\$<<enter amount>>), must be by personal or cashier's check and made out to the Natural Resources Conservation Service. Repayments must be submitted to the following address no later than 30 days from the date that you receive this notification:

<<Enter Address for Repayment>>

NRCS will only provide limited appeal rights regarding the actions included in the notice, as follows:

You *may appeal* for any recovery of previously paid cost-share financial assistance received for this contract. Further, as the recovery of any costs previously paid is provided by 7CFR 636.11 and Section 9 of the Special Provisions, you may only appeal that amount that is conditioned on you being prevented from fulfilling the terms and conditions of your contract due to a demonstrated economic or personal hardship. If you choose to appeal the recovery of financial assistance payments, you must make this request in writing to any of the following:

You may request appeal to the NRCS State Conservationist at the following address:

You may request mediation from: <<enter either the USDA State Certified Mediation Program or the NRCS STC depending on which type of mediation is available in your location – (NRCS see <http://www.nrcs.usda.gov/programs/mediation/> for those states with USDA State Certified Mediation Programs)

You may request appeal from the National Appeals Division (NAD) at the following address: (NRCS see http://www.nad.usda.gov/contact_regions.html for the region in which your state is assigned.)

Your appeal rights are effective for 30 days from the date that you receive this notification.

If you have any questions about this notice, you may contact this office at the telephone number listed above.

<<ENTER NRCS EMPLOYEE NAME>>

<<enter NRCS employee title>>

Cc:
ASTC-P

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